

**Certificate of Dissolution
Declaration of Invalidity of Marriage
Or Legal Separation**

Washington State Department of Health Vital Statistics Form

Husband Information:

Name (first, middle, last): _____

Date of Birth (mm/dd/yyyy): _____ Social security Number: _____

Birth State If not USA, give Country): _____

Current Residence (Number and Street): _____

City/Town/Location: _____ Inside City Limits: ☐ yes ☐ no

County: _____ State: _____

Wife Information:

Name (first, middle, last): _____

Date of Birth (mm/dd/yyyy): _____ Social Security Number: _____

Birth State If not USA, give Country): _____

Current Residence (Number and Street): _____

City/Town/Location: _____ Inside City Limits: ☐ yes ☐ no

County: _____ State: _____

Place of this Marriage – County: _____ State: _____

Date of this Marriage (mm/dd/yyyy): _____

Number of Children Born alive of this Marriage: _____

Petitioner: ☐ Husband ☐ Wife ☐ Both ☐ Other (specify)

Name of Petitioner's Attorney or Pro Se: _____

Petitioner's Address: _____